The Commonwealth of Massachusetts
Center for Health Information and Analysis

The Massachusetts
All-Payer Claims Database

Pharmacy Claim File
Submission Guide

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Introduction

Access to timely, accurate, and relevant data is essential to improving quality, mitigating costs, and promoting transparency and efficiency in the health care delivery system. A valuable source of data can be found in health care claims but it is currently collected by a variety of government entities in various formats and levels of completeness. Using its broad authority to collect health care data ("without limitation") under M.G.L. c. 118G, § 6 and 6A, the Center for Health Information and Analysis (CHIA) has adopted regulations to create a comprehensive all payer claims database (APCD) with medical, pharmacy, and dental claims as well as provider, product, and member eligibility information derived from fully-insured, self-insured, Medicare, Medicaid and Supplemental Policy data. CHIA is a clearinghouse for comprehensive quality and cost information to ensure consumers, employers, insurers, and government have the data necessary to make prudent health care purchasing decisions.

To facilitate communication and collaboration, CHIA maintains a dedicated MA APCD website (www.mass.gov/chia/apcd) with resources that currently include the submission and release regulations, Administrative Bulletins, the technical submission guide with examples, and support documentation. These resources will be periodically updated with materials and the CHIA staff will continue to work with all affected submitters to ensure full compliance with the regulation.

While CHIA is committed to establishing and maintaining an APCD that promotes transparency, improves health care quality, and mitigates health care costs, we welcome your ongoing suggestions for revising reporting requirements that facilitate our shared goal of administrative simplification. If you have any questions regarding the regulations or technical specifications we encourage you to utilize the online resources and reach out to our staff for any further questions.

Thank you for your partnership with CHIA on the all payer claims database.

114.5 CMR 21.00 – Health Care Claims

114.5 CMR 21.00 governs the reporting requirements for Health Care Payers to submit data and information to CHIA in accordance with M.G.L. c. 118G, § 6. The regulation establishes the data submission requirements for health care payers to submit information concerning the costs and utilization of health care in Massachusetts. CHIA will collect data essential for the continued monitoring of health care cost trends, minimize the duplication of data submissions by payers to state entities, and to promote administrative simplification among state entities in Massachusetts.

Health care data and information submitted by Health Care Payers to CHIA is not a public record. No public disclosure of any health plan information or data shall be made unless specifically authorized under 114.5 CMR 21.00 or 114.5 CMR 22.00.

Acronyms Frequently Used

APCD – All-Payer Claims Database

CHIA – Center for Health Information and Analysis

CSO – Computer Services Organization

DBA – Delegated Benefit Administrator

DBM – Dental Benefit Manager

DOI – Division of Insurance

GIC – Group Insurance Commission

ID – Identification; Identifier

MA APCD – Massachusetts' All-Payer Claims Database

PBM – Pharmacy Benefit Manager

QA – Quality Assurance

RA – Risk Adjustment; Risk Adjuster

TME / RP – Total Medical Expense / Relative Pricing

TPA – Third Party Administrator

The File Types:
      DC – Dental Claims

      MC – Medical Claims

      ME – Member Eligibility

      PC – Pharmacy Claims

      PR – Product File

      PV – Provider File

The APCD Monthly Pharmacy Claims File

As part of the MA APCD, submitters with pharmacy lines of business will be required to submit a Pharmacy Claims File. CHIA, in an effort to decrease any programming burden, is maintaining its adopted file layout but adjusting some of the elements to insure quality, linkage to other files and continuity of the data set. There are minor changes to this layout so that it will connect appropriately across other required filings for the MA APCD and a few added elements to aid with line of business identification for better-directed editing of the data.

Below we have provided details on business rules, data definitions and the potential uses of this data.

Specification Question	Clarification	Rationale
Frequency of submission	Pharmacy claim files are to be submitted monthly	CHIA requires this frequency to maintain a current dataset for analysis.
What is the format of the file	Each submission must be a variable field length asterisk delimited file	An asterisk cannot be used within an element in lieu of another character. Example: if the file includes "Smith*Jones" in the Last Name, the system will read an incorrect number of elements and drop the file.
What each row in the file represents	Each row represents a claim line, typically a prescription.	It is necessary to obtain claim line item data to make sure each prescription is captured.
Are denied claims to be reported?	No. Wholly denied prescription claims should not be reported at this time. If for some reason a prescription has multiple claim lines and the claim pays but a line in that claim denies, all claim lines should be sent, similar to the denied claim line philosophy used in medical claims.	Denied line items of an adjudicated claim aid with utilization analysis.

Should previously paid but now Voided claims be reported?	Yes. Claims that were paid and reported in one period and voided by either the Provider or the Carrier should be reported in the next file. See PC110 below.	The reporting of Zero Paid Pharmacy Claims aids with the analysis of services utilized, Member Eligibility and deductibles applied.
What types of claims are to be included?	The Pharmacy Claims file is used to report any pharmacy claim sent to and paid by the Carrier / PBM.	CHIA has adopted the most widely used specification at this time to allow for comprehensive analysis.
The word 'Member' is used in the specification. Are 'Member' and 'Patient' used synonymously?	Yes. Member and Patient are to be used in the same manner in this specification	Member is used in the claim specification to strengthen the reporting bond between Member Eligibility and the pharmacy claims attached to a Member.
If claims are processed by a third-party administrator, who is responsible for submitting the data and how should the data be submitted?	In instances where more than one entity administers a health plan, the health care carrier **and** third-party administrators are responsible for submitting data according to the specifications and format defined in the Submission Guides.	CHIA's objective is to create a **comprehensive** database that must include data from all health care carriers and their vendors (TPAs, CSOs, etc.) to complete the view of the health service delivery system.

Types of Data collected in the Pharmacy Claim File

Submitter-assigned Identifiers

CHIA requires various Submitter-assigned identifiers for matching-logic to the other files, Product and Member Eligibility. Some examples of these elements include PC003, PC006, PC107 and PC108. These element s will be used by CHIA to aid with the matching algorithm to those other files. This matching allows for data aggregation and required reporting.

Claims Data

CHIA requires the line-level detail of all Pharmacy Claims for analysis. The line-level data aids with understanding utilization within products across submitters. The specific pharmacy data reported in PC026 through PC035, PC037 through PC039, PC057, PC058, PC060, PC064, PC071, and PC073 through PC075 would be the same or similar elements that are reported to a Carrier or TPA on the NCPDP Format or a Carrier specific direct data entry system.

Subscriber and Member (Patient) Carrier unique identifiers are being requested to aid with the matching algorithm, see PC107 and PC108.

Non-Massachusetts Resident

The regulation requires private health care payers to submit Medical Claims and Encounter Data for "all Massachusetts resident members, and all members of a Massachusetts employer group including those who reside outside of Massachusetts."

The Division will not require payers submitting claims and encounter data on behalf of an employer group to submit claims data for employees who reside outside of Massachusetts, unless the payer is required by contract with the Group Insurance Commission to submit paid claims and encounter data for all Massachusetts residents, and all members of a Massachusetts employer group including those who reside outside of Massachusetts.

Provider data is outlined below.

Adjudication Data

CHIA requires adjudication-centric data in order to comply with analytic requirements. The elements typically used in an adjudication process are PC017, PC025, PC036, PC040 through PC042, PC063, PC065 through PC070 and PC110 and are variations of paper remittances or the HIPAA 835 4010.

Denied Claims: Payers will be not be required to submit wholly denied claims at this time. CHIA will issue an Administrative Bulletin notifying Submitters when the requirement to submit denied claims will become effective, the detailed process required to identify and report, and the due dates of denied claim reporting.

Provider Identifiers

CHIA has made a conscious decision to collect numerous identifiers that may be associated with a provider. The identifiers will be used to help link providers across carriers in the event that the primary linking data elements are not a complete match. The existence of these extra identifying elements will improve the quality of our matching algorithms. Examples of these identifying elements include PC043-PC055 relating to the Prescribing Provider.

The Provider ID

Elements PC043 (Prescribing Provider ID) and PC048 (Prescribing Physician NPI) are critical elements which link the Prescribing Provider identified on the Pharmacy Claims file with the corresponding record in the Provider File (PV002). The definition of PV002, Provider ID, is:

The Provider ID is a unique number for every service provider (persons, facilities or other entities involved in claims transactions) that a carrier has in its system. This element may or may not be the provider NPI and this element is used to uniquely identify a provider and that provider's affiliation, when applicable as well as the provider's practice location within this provider file.

The following are the elements that are required to link to PV002:
Pharmacy Claim Links: PC043 – Prescribing Provider ID; **PC059** – Recipient PCP ID

The goal of PV002, Provider ID, is to help identify provider data elements associated with provider data that was submitted in the claim line detail, and to identify the details of the Provider Affiliation.

New Data Elements

Under Administrative Simplification, CHIA has worked with Division of Insurance, The Connector, Group Insurance Commission and our own internal departments to identify new elements to be added to the MA APCD Dataset to satisfy that goal. Below is a list of those elements, the submitter type expected to report them, the reason and the data expected within the element.

HD009 – APCD Version #; *all submitters, required for setting intake edits*
> This new Header element requires the version number of the MA APCD Specifications that a submitter is using to compile their ME File. Current version is 3.0, prior version is 2.1

PC112 – Medicare Indicator *all submitters, required for defining specific coverage guidelines*
> This new element for the PCC File utilizes the MA APCD pre-defined lookup table with the values for Yes, No, Other, Unknown and Not Applicable. It's reporting will be used for identifying any Medicare coverage on pharmacy lines.

PC113 – Pregnancy Indicator *all submitters, required for defining patient's pregnancy status at time of prescription*
> This new element for the PCC File utilizes the MA APCD pre-defined lookup table with the values for Yes, No, Other, Unknown and Not Applicable. It's reporting will be used for clinical analysis.

PC114 – Diagnosis; *all submitters, conditionally required for clinical association, grouping and categorizing services*
> This new element for the PC File is conditionally required but provides valuable clinical, grouping and categorization information.

PC115 – ICD Indicator; *all submitters, conditionally required to invoke the correct ICD version edits*
> This new element is conditionally required and becomes invoked when PC114 is populated. It is required to insure that clinical editing and categorization occurs correctly and is assumed to report ICD9 until ICD10 implementation. The values present on the MA APCD table align to those used by the Center for Medicare and Medicaid Services to provide continuity across submitters.

PC116 – Denied Flag; *all submitters, conditionally required to calculate total costs across all entities of the claim*
> This new element for the PC File utilizes the MA APCD pre-defined lookup table with the values for Yes, No, Other, Unknown and Not Applicable. It's reporting will be used for identifying line item versioning, costs and utilization.

PC117 – Denial Reason; *all submitters, conditionally required and used for cost and utilization analysis*
> This new element for the PC File utilizes a standard External Code Source and/or a Carrier Defined Table to provide reason(s) for claim line denial. It's reporting will be used for identifying benefit coverage in comparison to the Member Eligibility File.

PC118 – Payment Arrangement Type; *all submitters, required to identify payment methodology*

> This new element for the PC File is currently collected on the Medical File. This lookup table element allows for the various payment methodologies to be applied to the claim lines.

PC119 – GIC ID; *all GIC Contracted Carriers, to aid with GIC reporting requirements*

> This new element is to report the GIC assigned identifier from the member. The presence of this identifier is dependent upon the value reported in PC120. Non-GIC reporters SHOULD NOT report a value here as this will invoke other data elements that may not be applicable to a line of business.

PC120 – APCD ID Code; *all APCD submitters, to aid with data requirements and edits*

> The new element utilizes a new MA APCD pre-defined lookup table with the values for identifying a line of eligibility being categorized as a Fully Insured Group Enrollee, Self-Insured Group Enrollee, GIC Group Enrollee, MassHealth MCO Enrollee, Supplement Policy Enrollee or Unknown. The value selected here will invoke various edits that apply to that enrollee category in tandem with the CHIA assigned OrgID. Please note selecting an incorrect category will invoke edits on elements not typically populated by submitter type and may create a Failed File for not meeting base thresholds. Additionally, OrgIDs that submit Unknown 100% of the time but have been identified as one of the other values will inadvertently Fail their file.

CHIA is committed to working with all submitters and their technical teams to ensure compliance with applicable laws and regulations. CHIA will continue to provide support through technical assistance calls and resources available on the CHIA website, www.mass.gov/chia

File Guideline and Layout

Legend

1. File: Identifies the file per element as well as the Header and Trailer Records that repeat on all MA APCD File Types. Headers and Trailers are Mandatory as a whole, with just a few elements allowing situational reporting.

2. Col: Identifies the column the data resides in when reported

3. Elmt: This is the number of the element in regards to the file type

4. Date Element Name: Provides identification of basic data required

5. Date Modified: Identifies the last date that an element was adjusted

6. Type: Defines the data as Decimal, Integer, Numeric or Text. Additional information provided for identification, e.g., Date Period – Integer

7. Type Description: Used to group like-items together for quick identification

8. Format / Length: Defines both the reporting length and element min/max requirements. See below:

   a. char[n] – this is a fixed length element of [n] characters, cannot report below or above [n]. This can be any type of data, but is governed by the type listed for the element, Text vs. Numeric.

   b. varchar[n] – this is a variable length field of max [n] characters, cannot report above [n]. This can be any type of data, but is governed by the type listed for the element, Text vs. Numeric.

   c. int[n] – this is a fixed type and length element of [n] for numeric reporting only. This cannot be anything but numeric with no decimal points or leading zeros.

   The plus/minus symbol (±) in front on any of the Formats above indicate that a negative can be submitted in the element under specific conditions. **Example:** When the Claim Line Type (MC138) = V (void) or B (backout) then certain claim values can be negative.

9. Description: Short description that defines the data expected in the element

10. Element Submission Guideline: Provides detailed information regarding the data required as well as constraints, exceptions and examples.

11. Condition: Provides the condition for reporting the given data

12. %: Provides the base percentage that the MA APCD is expecting in volume of data in regards to condition requirements.

13. Cat: Provides the category or tiering of elements and reporting margins where applicable.

Elements that are highlighted indicate that a MA APCD lookup table is present and contains valid values expected in the element. In very few cases, there is a combination of a MA APCD lookup table and an External Code Source or Carrier Defined Table, these maintain the highlight.

It is important to note that Type, Format/Length, Condition, Threshold and Category are considered as a suite of requirements that the intake edits are built around to insure compliance, continuity and quality. This insures that the data can be standardized at other levels for greater understanding of healthcare utilization.

File	Col	Elmt	Data Element Name	Date Modified	Type	Type Description	Format / Length	Description	Element Submission Guideline	Condition	%	Cat
HD-PC	1	HD001	Record Type	11/8/12	Text	ID Record	char[2]	Header Record Identifier	Report **HD** here. Indicates the beginning of the Header Elements of the file	Mandatory	100%	HM
HD-PC	2	HD002	Submitter	11/8/12	Integer	ID OrgID	varchar[6]	Header Submitter / Carrier ID defined by CHIA	Report CHIA defined, unique Submitter ID here. TR002 must match the Submitter ID reported here. This ID is linked to other elements in the file for quality control	Mandatory	100%	HM
HD-PC	3	HD003	National Plan ID	11/8/12	Integer	ID Nat'l PlanID	int[10]	Header CMS National Plan Identification Number (PlanID)	Do not report any value here until National PlanID is fully implemented. This is a unique identifier as outlined by Centers for Medicare and Medicaid Services (CMS) for Plans or Sub plans	Situational	0%	HS
HD-PC	4	HD004	Type of File	11/8/12	Text	ID File	char[2]	Defines the file type and data expected.	Report **PC** here. Indicates that the data within this file is expected to be PHARMACY CLAIM-based. This must match the File Type reported in TR004	Mandatory	100%	HM
HD-PC	5	HD005	Period Beginning Date	11/8/12	Date Period - Integer	Century Year Month - CCYYMM	int[6]	Header Period Start Date	Report the Year and Month of the reported submission period in CCYYMM format. This date period must be repeated in HD006, TR005 and TR006. This same date must be selected in the upload application for successful transfer.	Mandatory	100%	HM
HD-PC	6	HD006	Period Ending Date	11/8/12	Date Period - Integer	Century Year Month - CCYYMM	int[6]	Header Period Ending Date	Report the Year and Month of the reporting submission period in CCYYMM format. This date period must match the date period reported in HD005 and be repeated in TR005 and TR006	Mandatory	100%	HM
HD-PC	7	HD007	Record Count	11/8/12	Integer	Counter	varchar[10]	Header Record Count	Report the total number of records submitted within this file. Do not report leading zeros, space fill, decimals, or any special characters.	Mandatory	100%	HM

HD-PC	8	HD 008	Comments	11/8/12	Text	Free Text Field	varchar[80]	Header Carrier Comments	May be used to document the submission by assigning a filename, system source, compile identifier, etc.	Optional	0%	HO
HD-PC	9	HD 009	APCD Version Number	11/8/12	Decimal - Numeric	ID Version	char[3]	Submission Guide Version	Report the version number as presented on the APCD Pharmacy Claim File Submission Guide in 0.0 Format. Sets the intake control for editing elements. Version must be accurate else file will drop. **EXAMPLE:** 3.0 = Newest Version	Mandatory	100%	HM

Code	Description
2.1	Prior Version; valid only for reporting periods prior to May 2013
3.0	Current Version; required for reporting periods as of May 2013

PC	1	PC 001	Submitter	11/8/12	Integer	ID Submitter	varchar[6]	CHIA defined and maintained unique identifier	Report the Unique Submitter ID as defined by CHIA here. This must match the Submitter ID reported in HD002	All	100%	A0
PC	2	PC 002	National Plan ID	11/8/12	Integer	ID Nat'l PlanID	int[10]	CMS National Plan Identification Number (PlanID)	Do not report any value here until National PlanID is fully implemented. This is a unique identifier as outlined by Centers for Medicare and Medicaid Services (CMS) for Plans or Sub plans	All	0%	Z
PC	3	PC 003	Insurance Type Code/Product	11/8/12	Lookup Table - Text	tlkpClaimInsuranceType	char[2]	Type / Product Identification Code	Report the code that defines the type of insurance under which this patient's claim line was processed. **EXAMPLE:** HM = HMO	All	95%	C

Code	Description
09	Self-pay
10	Central Certification
11	Other Non-Federal Programs
12	Preferred Provider Organization (PPO)
13	Point of Service (POS)
14	Exclusive Provider Organization (EPO)
15	Indemnity Insurance
16	Health Maintenance Organization (HMO) Medicare Risk
17	Dental Maintenance Organization (DMO)

								AM	Automobile Medical			
								BL	Blue Cross / Blue Shield			
								CC	Commonwealth Care			
								CE	Commonwealth Choice			
								CH	Champus			
								CI	Commercial Insurance Co.			
								DS	Disability			
								HM	Health Maintenance Organization			
								LI	Liability			
								LM	Liability Medical			
								MA	Medicare Part A			
								MB	Medicare Part B			
								MC	Medicaid			
								OF	Other Federal Program			
								TF	HSN Trust Fund			
								TV	Title V			
								VA	Veterans Administration Plan			
								WC	Workers' Compensation			
								ZZ	Other			
PC	4	PC 004	Payer Claim Control Number	6/24/10	Text	ID Claim Number	varchar[35]	Payer Claim Control Identification	Report the Unique identifier within the payer's system that applies to the entire claim	All	100%	A0
PC	5	PC 005	Line Counter	11/8/12	Integer	ID Count	varchar[4]	Incremental Line Counter	Report the line number for this service within the claim. Start with 1 and increment by 1 for each additional line. Do not start with 0, include alphas or special characters.	All	100%	A0
PC	6	PC 005 A	Version Number	7/6/10	Integer	Counter	varchar[4]	Claim Service Line Version Number	Report the version number of this claim service line. The version number begins with 0 and is incremented by 1 for each subsequent version of that service line. No alpha or special characters.	All	100%	A0

PC	7	PC 006	Insured Group or Policy Number	6/24/10	Text	ID Group	varchar[30]	Group / Policy Number	Report the number that defines the insured group or policy. Do not report the number that uniquely identifies the subscriber or member	All	98%	C
PC	8	PC 007	Subscriber SSN	11/8/12	Numeric	ID Tax	char[9]	Subscriber's Social Security Number	Report the Subscriber's SSN here; used to validate Unique Member ID; will not be passed into analytic file. Do not use hyphen. If not available do not report any value here	All	85%	B
PC	9	PC 008	Plan Specific Contract Number	6/24/10	Text	ID Contract	varchar[30]	Contract Number	Report the Plan assigned contract number. Do not include values in this element that will distinguish one member of the family from another. This should be the contract or certificate number for the subscriber and all of the dependents.	All	98%	C
PC	10	PC 009	Member Suffix or Sequence Number	6/24/10	Text	ID Sequence	varchar[20]	Member/Patient's Contract Sequence Number	Report the unique number / identifier of the member within the contract	All	98%	B
PC	11	PC 010	Member SSN	11/8/12	Numeric	ID Tax	char[9]	Member/Patient's Social Security Number	Report the patient's social security number here; used to validate Unique Member ID; will not be passed into analytic file. Do not use hyphen. If not available do not report any value here	All	98%	B
PC	12	PC 011	Individual Relationship Code	6/24/10	Lookup Table - Text	tlkpIndividualRelathionshipCode	char[2]	Patient to Subscriber Relationship Code	Report the value that defines the Patient's relationship to the Subscriber. **EXAMPLE:** 20 = Self / Employee	All	85%	B

Value	Description
01	Spouse
04	Grandfather or Grandmother
05	Grandson or Granddaughter
07	Nephew or Niece
10	Foster Child
15	Ward
17	Stepson or Stepdaughter
19	Child
20	Self/Employee

								21	Unknown		
								22	Handicapped Dependent		
								23	Sponsored Dependent		
								24	Dependent of a Minor Dependent		
								29	Significant Other		
								32	Mother		
								33	Father		
								36	Emancipated Minor		
								39	Organ Donor		
								40	Cadaver Donor		
								41	Injured Plaintiff		
								43	Child Where Insured Has No Financial Responsibility		
								53	Life Partner		
								76	Dependent		
PC	13	PC 012	Member Gender	6/24/10	Lookup Table - Text	tlkpGender	char[1]	Patient's Gender	Report patient gender as found on the claim in alpha format. Used to validate clinical services when applicable and Unique Member ID. **EXAMPLE:** F = Female	All	100%	B
								Code	*Description*		
								F	Female		
								M	Male		
								O	Other		
								U	Unknown		
PC	14	PC 013	Member Date of Birth	6/24/10	Full Date - Integer	Century Year Month Day - CCYYMMDD	int[8]	Member/Patient's date of birth	Report the date the member / patient was born in CCYYMMDD Format. Used to validate Unique Member ID.	All	99%	B
PC	15	PC 014	Member City Name of Residence	6/24/10	Text	Address City Member	varchar[50]	City name of the Member/Patient	Report the city name of the member / patient. Used to validate Unique Member ID	All	99%	B

PC	16	PC 015	Member State	11/8/12	External Code Source 2 - Text	Address State External Code Source 2 - States	char[2]	State / Province of the Patient	Report the state of the patient as defined by the US Postal Service. Report Province when Country Code does not = USA	All	99%	B
PC	17	PC 016	Member ZIP Code	11/8/12	External Code Source 2 - Text	Address Zip External Code Source 2 - Zip Codes	varchar[9]	Zip code of the Member / Patient	Report the 5 or 9 digit Zip Code as defined by the United States Postal Service. When submitting the 9-digit Zip Code do not include hyphen.	All	99%	B
PC	18	PC 017	Date Service Approved (AP Date)	6/24/10	Full Date - Integer	Century Year Month Day - CCYYMMDD	int[8]	Date Service Approved by Payer	Report the date that the payer approved this claim line for payment in CCYYMMDD Format. This element was designed to capture date other than the Paid date. If Approved Date and Paid Date are the same, then the date here should match Paid Date.	All	99%	C
PC	19	PC 018	Pharmacy Number	6/24/10	Text	ID Pharmacy	varchar[30]	Pharmacy Number	Report either the NCPDP or NABP number of the dispensing pharmacy	All	98%	A0
PC	20	PC 019	Pharmacy Tax ID Number	11/8/12	Numeric	ID Tax	char[9]	Pharmacy Tax Identification Number	Report the Federal Tax ID of the Pharmacy here. Do not use hyphen or alpha prefix.	All	20%	C
PC	21	PC 020	Pharmacy Name	6/24/10	Text	Name Pharmacy	varchar[100]	Name of Pharmacy	Report the name of the pharmacy here	All	90%	A2
PC	22	PC 021	National Provider ID - Pharmacy	11/8/12	External Code Source 3 - Integer	External Code Source 3 - National Provider ID	int[10]	National Provider Identification (NPI) of the Pharmacy	Report the Primary National Provider ID (NPI) here. This ID should be found on the Provider File in the NPI element (PV039)	All	98%	C
PC	23	PC 022	Pharmacy Location City	6/24/10	Text	Address City Provider	varchar[30]	City name of the Pharmacy	Report the city name of pharmacy - preferably pharmacy location	All	85%	B
PC	24	PC 023	Pharmacy Location State	11/8/12	External Code Source 2 - Text	Address State External Code Source 2 - States	char[2]	State of the Pharmacy	Report the state where the dispensing pharmacy is located.	All	90%	B

PC	25	PC 024	Pharmacy ZIP Code	11/8/12	External Code Source 2 - Text	Address Zip External Code Source 2 - Zip Codes	varchar[9]	Zip code of the Pharmacy	Report the 5 or 9 digit Zip Code as defined by the United States Postal Service. When submitting the 9-digit Zip Code do not include hyphen.	All	90%	B
PC	26	PC 024 A	Pharmacy Country Code	12/1/10	External Code Source 1 - Text	Address Country External Code Source 1 - Countries	char[3]	Country Code of the Pharmacy	Report the three-character country code as defined by ISO 3166-1, Alpha 3	All	90%	B
PC	27	PC 025	Claim Status	11/8/12	Lookup Table - Numeric	tlkpClaimStatus	varchar[2]	Claim Line Status	Report the value that defines the payment status of this claim line	All	98%	A0

Value	Description
1	Processed as primary
2	Processed as secondary
3	Processed as tertiary
4	Denied
19	Processed as primary, forwarded to additional payer(s)
20	Processed as secondary, forwarded to additional payer(s)
21	Processed as tertiary, forwarded to additional payer(s)
22	Reversal of previous payment
23	Not our claim, forwarded to additional payer(s)
25	Predetermination Pricing Only - no payment

PC	28	PC 026	Drug Code	11/8/12	External Code Source 12 - Text	External Code Source 12 - National Drug Codes	char[11]	National Drug Code (NDC)	Report the NDC Code as defined by the FDA in 11 digit format (5-4-2) without hyphenation	All	98%	A0

PC	29	PC 027	Drug Name	11/8/12	External Code Source 12 - Text	External Code Source 12 - National Drug Names	varchar[80]	Name of the drug as supplied	Report the name of the drug that aligns to the National Drug Code. Do not report generic names with brand National Drug Codes	All	95%	C
PC	30	PC 028	New Prescription or Refill	6/24/10	Numeric	ID Count	char[2]	Prescription Status Indicator	Report the status of prescription by numeric value. **EXAMPLE:** 00 = new prescription; First Refill = 01, etc.	All	99%	A0
PC	31	PC 029	Generic Drug Indicator	11/8/12	Lookup Table - Integer	tlkpFlagIndicators	int[1]	Generic Drug Indicator	Report the value that defines the element. **EXAMPLE:** 1 = Yes, the drug reported is a generic.	All	100%	A2
								Value	*Description*			
								1	Yes			
								2	No			
								3	Unknown			
								4	Other			
								5	Not Applicable			
PC	32	PC 030	Dispense as Written Code	6/24/10	Lookup Table - Integer	tlkpDispenseAsWritten	int[1]	Prescription Dispensing Activity Code	Report the value that defines how the drug was dispensed. **EXAMPLE:** 0 = Not dispensed as written	All	98%	C
								Value	*Description*			
								1	Physician dispense as written			
								2	Member dispense as written			
								3	Pharmacy dispense as written			
								4	No generic available			
								5	Brand dispensed as generic			
								6	Override			
								7	Substitution not allowed, brand drug mandated by law			
								8	Substitution allowed, generic drug not available in marketplace			
								9	Other			
								0	Not dispensed as written			

PC	33	PC 031	Compound Drug Indicator	11/8/12	Lookup Table - Integer	tlkpFlagIndicators	int[1]	Compound Drug Indicator	Report the value that defines the element. **EXAMPLE:** 1 = Yes, drug is a compound.	All	98%	A2
								Value	*Description*			
								1	Yes			
								2	No			
								3	Unknown			
								4	Other			
								5	Not Applicable			
PC	34	PC 032	Date Prescription Filled	6/24/10	Full Date - Integer	Century Year Month Day - CCYYMMDD	int[8]	Prescription filled date	Report the date the pharmacy filled AND dispensed prescription to the patient in CCYYMMDD Format.	All	99%	A0
PC	35	PC 033	Quantity Dispensed	11/8/12	Quantity - Integer	Counter	±varchar[10]	Claim line units dispensed	Report the number of metric units of medication dispensed	All	99%	A1
PC	36	PC 034	Day's Supply	11/8/12	Quantity - Integer	Days Prescription	±varchar[4]	Prescription Supply Days	Report the number of days the prescription will last if taken as prescribed	All	99%	A2
PC	37	PC 035	Charge Amount	6/24/10	Integer	Currency	±varchar[10]	Amount of provider charges for the claim line	Report the amount the provider / dispensing facility billed the insurance carrier for this claim line service. Do not code decimal or round up / down to whole dollars, code zero cents (00) when applicable. **EXAMPLE:** 150.00 is reported as 15000; 150.70 is reported as 15070	All	99%	A0
PC	38	PC 036	Paid Amount	10/3/10	Integer	Currency	±varchar[10]	Amount paid by the carrier for the claim line	Report the amount paid for the claim line. Report 0 if line is paid as part of another procedure / claim line. Do not report any value if the line is denied. Do not code decimal or round up / down to whole dollars, code zero cents (00) when applicable. **EXAMPLE:** 150.00 is reported as 15000; 150.70 is reported as 15070	All	99%	A0

PC	39	PC 037	Ingredient Cost/List Price	6/24/10	Integer	Currency		±varchar[10]	Amount defined as the List Price or Ingredient Cost	Report the amount that defines this pharmaceutical cost / price. Do not report any value if unknown. Do not code decimal or round up / down to whole dollars, code zero cents (00) when applicable. **EXAMPLE:** 150.00 is reported as 15000; 150.70 is reported as 15070	All	99%	A1
PC	40	PC 038	Postage Amount Claimed	6/24/10	Integer	Currency		±varchar[10]	Amount of postage claimed on the claim line	Report the amount of postage claimed for this claim line. Report 0 if postage does not apply Do not code decimal or round up / down to whole dollars, code zero cents (00) when applicable. **EXAMPLE:** 150.00 is reported as 15000; 150.70 is reported as 15070	All	99%	C
PC	41	PC 039	Dispensing Fee	6/24/10	Integer	Currency		±varchar[10]	Amount of dispensing fee for the claim line	Report the amount that defines the dispensing fee. Report 0 if fee does not apply. Do not code decimal or round up / down to whole dollars, code zero cents (00) when applicable. **EXAMPLE:** 150.00 is reported as 15000; 150.70 is reported as 15070	All	99%	A1
PC	42	PC 040	Copay Amount	6/24/10	Integer	Currency		±varchar[10]	Amount of Copay member/patient is responsible to pay	Report the amount that defines a preset, fixed amount for this claim line service that the patient is responsible to pay. Report 0 if no Copay applies. Do not code decimal or round up / down to whole dollars, code zero cents (00) when applicable. **EXAMPLE:** 150.00 is reported as 15000; 150.70 is reported as 15070	All	99%	A1
PC	43	PC 041	Coinsurance Amount	6/24/10	Integer	Currency		±varchar[10]	Amount of coinsurance member/patient is responsible to pay	Report the amount that defines a calculated percentage amount for this claim line service that the patient is responsible to pay. Report 0 if no Coinsurance applies. Do not code decimal or round up / down to whole dollars, code zero cents (00) when applicable. **EXAMPLE:** 150.00 is reported as 15000; 150.70 is reported as 15070	All	99%	A1

PC	44	PC 042	Deductible Amount	6/24/10	Integer	Currency	±varchar[10]	Amount of deductible member/patient is responsible to pay on the claim line	Report the amount that defines a preset, fixed amount for this claim line service that the patient is responsible to pay. Report 0 if no Deductible applies to service. Do not code decimal or round up / down to whole dollars, code zero cents (00) when applicable. **EXAMPLE:** 150.00 is reported as 15000; 150.70 is reported as 15070	All	99%	A1
PC	45	PC 043	Prescribing ProviderID	11/8/12	Text	ID Link to PV002	varchar[30]	Prescribing Provider Number	Report the number of the prescribing provider here. This value in this element must have corresponding Provider ID (PV002) in the Provider File.	All	98%	A0
PC	46	PC 044	Prescribing Physician First Name	6/24/10	Text	Name First Provider	varchar[25]	First name of Prescribing Physician	Report the first name of the prescribing physician here.	All	50%	B
PC	47	PC 045	Prescribing Physician Middle Name	6/24/10	Text	Name Middle Provider	varchar[25]	Middle initial of Prescribing Physician	Report the middle name of the prescribing physician here.	All	2%	C
PC	48	PC 046	Prescribing Physician Last Name	6/24/10	Text	Name Last Provider	varchar[60]	Last name of Prescribing Physician	Report the last name of the prescribing physician here.	All	50%	B
PC	49	PC 047	Prescribing Physician DEA Number	6/24/10	Text	ID DEA	char[9]	Prescribing DEA	Report the Primary DEA number for the prescribing physician	All	80%	B
PC	50	PC 048	National Provider ID - Prescribing	11/8/12	External Code Source 3 - Integer	External Code Source 3 - National Provider ID	int[10]	National Provider Identification (NPI) of the Prescribing Provider	Report the Primary National Provider ID (NPI) of the Prescribing Provider in PC043. This ID should be found on the Provider File in the NPI element (PV039). This element is looking to capture the NPI of an individual physician, not a group	All	80%	C
PC	51	PC 049	Prescribing Physician Plan Number	11/8/12	Text	ID Plan	varchar[30]	Carrier-assigned Provider Plan ID	Report the prescriber's plan number here. Do not report any value here if contracted with the carrier.	All	10%	C

PC	52	PC 050	Prescribing Physician License Number	11/8/12	Text	ID License	varchar[30]	Prescribing Physician License Number	Report the state license number for the provider identified in PV002. For a doctor this is the medical license for a non-doctor this is the practice license. Do not use zero-fill. If not available, or not applicable, such as for a group or corporate entity, do not report any value here.	All	10%	B
PC	53	PC 051	Prescribing Physician Street Address	6/24/10	Text	Address 1 Provider	varchar[50]	Street address of the Prescribing Physician	Report the street address of the Prescribing Physician	All	10%	C
PC	54	PC 052	Prescribing Physician Street Address 2	6/24/10	Text	Address 2 Provider	varchar[50]	Secondary Street Address of the Prescribing Physician	Report the street address of the Prescribing Physician that may contain office number, suite number of PO Box.	All	2%	C
PC	55	PC 053	Prescribing Physician City	6/24/10	Text	Address City Provider	varchar[30]	City name of the Prescribing Physician	Report the Prescribing Physician City	All	10%	C
PC	56	PC 054	Prescribing Physician State	11/8/12	External Code Source 2 - Text	Address State External Code Source 2 - States	char[2]	State of the Physician	Report the state of the prescribing physician here.	All	10%	C
PC	57	PC 055	Prescribing Physician Zip	11/8/12	External Code Source 2 - Text	Address Zip External Code Source 2 - Zip Codes	varchar[9]	Zip code of the Prescribing Physician	Report the 5 or 9 digit Zip Code as defined by the United States Postal Service. When submitting the 9-digit Zip Code do not include hyphen.	All	10%	C
PC	58	PC 056	Product ID Number	11/8/12	Text	ID Link to PR001	varchar[30]	Product Identification	Report the submitter-assigned identifier as it appears in PR001 in the Product File. This element is used to understand Product and Eligibility attributes of the member / subscriber as applied to this record	All	100%	A0
PC	59	PC 057	Mail Order pharmacy	11/8/12	Lookup Table - Integer	tlkpFlagIndicators	int[1]	Indicator - Mail Order Option	Report the value that defines the element. **EXAMPLE:** 1 = Yes, pharmacy is a mail order pharmacy	All	100%	A2
								Value	*Description*		

								1	Yes			
								2	No			
								3	Unknown			
								4	Other			
								5	Not Applicable			
PC	60	PC 058	Script number	6/24/10	Text	ID Claim Number	varchar[20]	Prescription Number	Report the unique identifier of the prescription	All	100%	B
PC	61	PC 059	Recipient PCP ID	6/24/10	Text	ID Link to PV002	varchar[30]	Patient's PCP ID Number	Report the member's PCP ID here. The value in this element must have a corresponding Provider ID (PV002) in the Provider File.	All	98%	B
PC	62	PC 060	Single/Multiple Source Indicator	11/8/12	Lookup Table - Integer	tlkpPharmacySources	int[1]	Drug Source Indicator	Report the value that defines the availability of the pharmaceutical. **EXAMPLE:** 1 = Multi-source brand	All	98%	A2
								Value	*Description*			
								1	Multi-source brand			
								2	Multi-source brand with generic equivalent			
								3	Single source brand			
								4	Single source brand with generic equivalent			
								5	Unknown			
PC	63	PC 061	Member Street Address	11/8/12	Text	Address 1 Member	varchar[50]	Street address of the Member/Patient	Report the patient / member's address. Used to validate Unique Member ID.	All	90%	B
PC	64	PC 062	Billing Provider Tax ID Number	11/8/12	Numeric	ID Tax	char[9]	The Billing Provider's Federal Tax Identification Number (FTIN)	Report the Federal Tax ID of the Billing Provider here. Do not use hyphen or alpha prefix.	All	90%	C
PC	65	PC 063	Paid Date	6/24/10	Full Date - Integer	Century Year Month Day - CCYYMMDD	int[8]	Paid date of the claim line	Report the date that appears on the check and/or remit and/or explanation of benefits and corresponds to any and all types of payment in CCYYMMDD Format. This can be the same date as Processed Date. **EXAMPLE:** Claims paid in full, partial or zero paid	All	99%	A0

PC	66	PC 064	Date Prescription Written	11/8/12	Full Date - Integer	Century Year Month Day - CCYYMMDD	int[8]	Date prescription was prescribed	Report the date that was written on the prescription or called-in by the physician's office in CCYYMMDD Format.	All	98%	B
PC	67	PC 065	Coordination of Benefits/TPL Liability Amount	11/8/12	Integer	Currency	±varchar[10]	Amount due from a Secondary Carrier when known	Report the amount that another carrier / insurer is liable for after submitting payer has processed this claim line. Report 0 if there is no COB / TPL amount. Do not code decimal or round up / down to whole dollars, code zero cents (00) when applicable. **EXAMPLE:** 150.00 is reported as 15000; 150.70 is reported as 15070	Required when PC025 = 19, 20 or 21	98%	A2
PC	68	PC 066	Other Insurance Paid Amount	11/8/12	Integer	Currency	±varchar[10]	Amount paid by a Primary / Prior Carrier	Report the amount that a prior payer has paid for this claim line. Indicates the submitting Payer is 'secondary' to the prior payer. Only report 0 if the Prior Payer paid 0 towards this claim line, else do not report any value here. Do not code decimal or round up / down to whole dollars, code zero cents (00) when applicable. **EXAMPLE:** 150.00 is reported as 15000; 150.70 is reported as 15070	Required when PC025 = 02, 03, 20, or 21	98%	A2
PC	69	PC 067	Medicare Paid Amount	11/8/12	Integer	Currency	±varchar[10]	Amount Medicare paid on claim	Report the amount Medicare paid towards this claim line. Only report 0 here if Medicare paid 0. If Medicare did not pay towards this claim line do not report any value here. Do not code decimal or round up / down to whole dollars, code zero cents (00) when applicable. **EXAMPLE:** 150.00 is reported as 15000; 150.70 is reported as 15070	Required when PC112 = 1	98%	A1
PC	70	PC 068	Allowed amount	11/8/12	Integer	Currency	±varchar[10]	Allowed Amount	Report the maximum amount contractually allowed, and that a carrier will pay to a provider for a particular procedure or service. This will vary by provider contract and most often it is less than or equal to the fee charged by the pharmacy Do not code decimal or round up / down to whole dollars, code zero cents (00) when applicable. **EXAMPLE:** 150.00 is reported as 15000; 150.70 is reported as 15070	Required when PC025 does not = 4, 22, or 23	99%	A2

PC	71	PC 069	Member Self Pay Amount	6/24/10	Integer	Currency	±varchar[10]	Amount member/patient paid out of pocket on the claim line	Report the amount that the patient has paid beyond the copay structure. Report 0 if patient has not paid towards this claim line. Do not code decimal or round up / down to whole dollars, code zero cents (00) when applicable. **EXAMPLE:** 150.00 is reported as 15000; 150.70 is reported as 15070	All	20%	B
PC	72	PC 070	Rebate Indicator	11/8/12	Lookup Table - Integer	tlkpFlagIndicators	int[1]	Drug Rebate Eligibility Indicator	Report the value that defines the element. **EXAMPLE:** 1 = Yes, drug is eligible for a rebate to any entity.	All	100%	A2

Value	*Description*
1	Yes
2	No
3	Unknown
4	Other
5	Not Applicable

PC	73	PC 071	State Sales Tax	11/8/12	Integer	Currency	±varchar[10]	Amount of applicable sales tax on the claim line	Report the amount of state sales tax applied to this claim line. Report 0 if state sales tax does not apply. Do not code decimal or round up / down to whole dollars, code zero cents (00) when applicable. **EXAMPLE:** 150.00 is reported as 15000; 150.70 is reported as 15070	Required when PC023 does not = MA	98%	A2
PC	74	PC 072	Delegated Benefit Administrator Organization ID	11/8/12	Integer	ID Link to OrgID	varchar[6]	CHIA defined and maintained Org ID for linking across submitters	Report the OrgID of the DBA here. This element contains the CHIA assigned organization ID for the DBA. Contact the APCD for the appropriate value. If no DBA is affiliated with this claim line do not report any value here: i.e., do not repeat the OrgID from PC001	All	98%	A2
PC	75	PC 073	Formulary Code	11/8/12	Lookup Table - Integer	tlkpFlagIndicators	int[1]	Formulary inclusion identifier	Report the value that defines the element. **EXAMPLE:** 1 = Yes, drug is on the formulary.	All	100%	A2

Value	*Description*
1	Yes
2	No

									Value	Description			
									3	Unknown			
									4	Other			
									5	Not Applicable			
PC	76	PC 074	Route of Administration	11/8/12	Lookup Table - Numeric	tlkpRouteOfAdministration	char[2]	Route of Administration	Report Pharmaceutical Route of Administration Indicator that defines method of drug administration. **EXAMPLE:** 11 = Oral		All	80%	A2
									Value	*Description*			
									01	Buccal			
									02	Dental			
									03	Inhalation			
									04	Injection			
									05	Intraperitoneal			
									06	Irrigation			
									07	Mouth / Throat			
									08	Mucous Membrane			
									09	Nasal			
									10	Ophthalmic			
									11	Oral			
									12	Other / Misc			
									13	Otic			
									14	Perfusion			
									15	Rectal			
									16	Sublingual			
									17	Topical			
									18	Transdermal			
									19	Translingual			
									20	Urethral			
									21	Vaginal			

							22	Enteral			
							00	Not Specified			
PC	77	PC 075	Drug Unit of Measure	11/8/12	Lookup Table - Text	tlkpPharmacyUnitOf Measure	char[2]	Units of Measure	Report the code that defines the unit of measure for drug dispensed. **EXAMPLE:** EA = Each	All	80%	A1
							Code	*Description*			
							EA	Each			
							F2	International Units			
							GM	Grams			
							ML	Milliliters			
PC	78	PC 101	Subscriber Last Name	10/15/10	Text	Name Last Subscriber	varchar[60]	Last name of Subscriber	Report the last name of the subscriber. Used to validate Unique Member ID. Last name should exclude all punctuation, including hyphens and apostrophes, and be reported in upper case. Name should be contracted where punctuation is removed, do not report spaces. **EXAMPLE:** O'Brien becomes OBRIEN; Carlton-Smythe becomes CARLTONSMYTHE	All	98%	B
PC	79	PC 102	Subscriber First Name	10/15/10	Text	Name First Subscriber	varchar[25]	First name of Subscriber	Report the first name of the subscriber here. Used to validate Unique Member ID. Exclude all punctuation, including hyphens and apostrophes. Name should be contracted where punctuation is removed, do not report spaces. **EXAMPLE:** Anne-Marie becomes ANNEMARIE	All	98%	B
PC	80	PC 103	Subscriber Middle Initial	10/15/10	Text	Name Middle Subscriber	char[1]	Middle initial of Subscriber	Report the Subscriber's middle initial here. Used to validate Unique Member ID.	All	2%	C
PC	81	PC 104	Member Last Name	6/24/10	Text	Name Last Member	varchar[60]	Last name of Member/Patient	Report the last name of the patient / member here. Used to validate Unique Member ID. Last name should exclude all punctuation, including hyphens and apostrophes, and be reported in upper case. Name should be contracted where punctuation is removed, do not report spaces. **EXAMPLE:** O'Brien becomes OBRIEN; Carlton-Smythe becomes	All	98%	B

								CARLTONSMYTHE			
PC	82	PC 105	Member First Name	6/24/10	Text	Name First Member	varchar[25]	First name of Member/Patient	Report the first name of the patient / member here. Used to validate Unique Member ID. Exclude all punctuation, including hyphens and apostrophes. Name should be contracted where punctuation is removed, do not report spaces. **EXAMPLE:** Anne-Marie becomes ANNEMARIE	All	98%	B
PC	83	PC 106	Member Middle Initial	6/24/10	Text	Name Middle Member	char[1]	Middle initial of the Member/Patient	Report the middle initial of the patient / member when available. Used to validate Unique Member ID.	All	2%	C
PC	84	PC 107	Carrier Specific Unique Member ID	11/8/12	Text	ID Link to ME107	varchar[50]	Member's Unique ID	Report the identifier the carrier / submitter uses internally to uniquely identify the member. Used to validate Unique Member ID and link back to Member Eligibility (ME107)	All	100%	A0
PC	85	PC 108	Carrier Specific Unique Subscriber ID	11/8/12	Text	ID Link to ME117	varchar[50]	Subscriber's Unique ID	Report the identifier the carrier / submitter uses internally to uniquely identify the subscriber. Used to validate Unique Member ID and link back to Member Eligibility (ME117)	All	100%	A0
PC	86	PC 109	Member Street Address 2	11/8/12	Text	Address 2 Member	varchar[50]	Secondary Street Address of the Member/Patient	Report the address of member which may include apartment number or suite, or other secondary information besides the street. Used to validate Unique Member ID.	All	0%	B
PC	87	PC 110	Claim Line Type	11/8/12	Lookup Table - Text	tlkpClaimLineType	char[1]	Claim Line Activity Type Code	Report the code that defines the claim line status in terms of adjudication. **EXAMPLE:** O = Original	All	98%	A2

Code	Description
O	Original
V	Void
R	Replacement
B	Back Out
A	Amendment

PC	88	PC 111	Former Claim Number	12/1/10	Text	ID Claim Number	varchar[35]	Previous Claim Number	Report the Claim Control Number (PC004) that was originally sent in a prior filing that this line corresponds to. When reported, this data cannot equal its own PC004. Use of "Former Claim Number"	All	0%	B

									to version claims can **only** be used if approved by the APCD. Contact the APCD for conditions of use.			
PC	89	PC 112	Medicare Indicator	11/8/12	Lookup Table - Integer	tlkpFlagIndicators		int[1]	Indicator - Medicare Payment Applied	Report the value that defines the element. **EXAMPLE:** 1 = Yes, Medicare paid for part or all of services	All	100%	A0

						Value	*Description*			
						1	Yes			
						2	No			
						3	Unknown			
						4	Other			
						5	Not Applicable			

PC	90	PC 113	Pregnancy Indicator	11/8/12	Lookup Table - Integer	tlkpFlagIndicators		int[1]	Indicator - Pregnancy	Report the value that defines the element. **EXAMPLE:** 1 = Yes, the patient is pregnant	All	98%	A2

						Value	*Description*			
						1	Yes			
						2	No			
						3	Unknown			
						4	Other			
						5	Not Applicable			

PC	91	PC 114	Diagnosis Code	11/8/12	External Code Source 8 - Text	External Code Source 8 - International Classification of Disease		varchar[7]	ICD Diagnosis Code	Report the ICD Diagnosis Code when applicable	All	1%	B
PC	92	PC 115	ICD Indicator	11/8/12	Lookup Table - Integer	tlkpICDIndicator		int[1]	International Classification of Diseases version	Report the value that defines whether the diagnoses on claim are ICD9 or ICD10. **EXAMPLE:** 9 = ICD9	Required when PC114 is populated	100%	B

						Value	*Description*			
						9	ICD-9			
						0	ICD-10			

PC	93	PC 116	Denied Flag	11/8/12	Lookup Table - Integer	tlkpFlagIndicators	int[1]	Denied Claim Line Indicator	Report the value that defines the element. **EXAMPLE:** 1 = Yes, Claim Line was denied.	Required when PC025 = 04	100%	A0
								Value	*Description*			
								1	Yes			
								2	No			
								3	Unknown			
								4	Other			
								5	Not Applicable			
PC	94	PC 117	Denial Reason	11/8/12	Carrier Defined Table - OR - External Code Source 16	External Code Source 16 - Reason Codes	varchar[30]	Denial Reason Code	Report the code that defines the reason for denial of the claim line. Carrier must submit denial reason codes in separate table to the APCD.	Required when PC116 = 1	98%	A2
PC	95	PC 118	Payment Arrangement Type	11/8/12	Lookup Table - Numeric	tlkpPaymentArrangementType	char[2]	Payment Arrangement Type Value	Report the value that defines the contracted payment methodology for this claim line. **EXAMPLE:** 02 = Fee for Service	All	98%	A0
								Value	*Description*			
								01	Capitation			
								02	Fee for Service			
								03	Percent of Charges			
								04	DRG			
								05	Pay for Performance			
								06	Global Payment			
								07	Other			
								08	Bundled Payment			
PC	96	PC 119	GIC ID	11/8/12	Text	ID GIC	varchar[9]	GIC Member ID	Report the GIC Member Identification number as provided to GIC Plan	Required when	100%	A0

Type	#	Code	Field Name	Date	Data Type	Lookup/Format	Size	Description Name	Description	Applicable	%	Code
									Submitters. If not applicable do not report any value here	PC120 = 3		
PC	97	PC 120	APCD ID Code	11/8/12	Lookup Table - Integer	tlkpADCDIdentifier	int[1]	Member Enrollment Type	Report the value that describes the member's / subscriber's enrollment into one of the predefined categories; aligns enrollment to appropriate editing and thresholds. **EXAMPLE:** 1 = FIG - Fully Insured Commercial Group Enrollee.	All	100%	A2

Value	Description
1	FIG - Fully-Insured Commercial Group Enrollee
2	SIG - Self-Insured Group Enrollee
3	GIC - Group Insurance Commission Enrollee
4	MCO - MassHealth Managed Care Organization Enrollee
5	Supplemental Policy Enrollee
0	Unknown / Not Applicable

Type	#	Code	Field Name	Date	Data Type	Lookup/Format	Size	Description Name	Description	Applicable	%	Code
PC	98	PC 899	Record Type	6/24/10	Text	ID File	char[2]	File Type Identifier	Report **PC** here. This validates the type of file and the data contained within the file. This must match HD004	All	100%	A0
TR-PC	1	TR 001	Record Type	6/24/10	Text	ID Record	char[2]	Trailer Record Identifier	Report **TR** here. Indicates the end of the data file	Mandatory	100%	TM
TR-PC	2	TR 002	Submitter	11/8/12	Integer	ID Submitter	varchar[6]	Trailer Submitter / Carrier ID defined by CHIA	Report the Unique Submitter ID as defined by CHIA here. This must match the Submitter ID reported in HD002	Mandatory	100%	TM
TR-PC	3	TR 003	National Plan ID	11/8/12	Integer	ID Nat'l PlanID	int[10]	CMS National Plan Identification Number (PlanID)	Do not report any value here until National PlanID is fully implemented. This is a unique identifier as outlined by Centers for Medicare and Medicaid Services (CMS) for Plans or Sub plans	Situational	0%	TS
TR-PC	4	TR 004	Type of File	6/24/10	Text	ID File	char[2]	Validates the file type defined in HD004.	Report **PC** here. This must match the File Type reported in HD004	Mandatory	100%	TM
TR-PC	5	TR 005	Period Beginning Date	6/24/10	Date Period - Integer	Century Year Month - CCYYMM	int[6]	Trailer Period Start Date	Report the Year and Month of the reported submission period in CCYYMM format. This date period must match the date period reported in HD005 and HD006	Mandatory	100%	TM

TR-PC	6	TR 006	Period Ending Date	6/24/10	Date Period - Integer	Century Year Month - CCYYMM	int[6]	Trailer Period Ending Date	Report the Year and Month of the reporting submission period in CCYYMM format. This date period must match the date period reported in TR005 and HD005 and HD006	Mandatory	100%	TM
TR-PC	7	TR 007	Date Processed	6/24/10	Full Date - Integer	Century Year Month Day - CCYYMMDD	int[8]	Trailer Processed Date	Report the full date that the submission was compiled by the submitter in CCYYMMDD Format.	Mandatory	100%	TM

Appendix D – External Code Sources

1.   **Countries**
      American National Standards Institute
      http://webstore.ansi.org/SdoInfo.aspx?sdoid=39&source=iso_member_body

PC024A

2.   **States, Zip Codes and Other Areas of the US**
      U.S. Postal Service
      https://www.usps.com/

PC015	PC016	PC023	PC024	PC054	PC055

3.   **National Provider Identifiers**
      National Plan & Provider Enumeration System
      https://nppes.cms.hhs.gov/NPPES/

PC021	PC048

8.   **International Classification of Diseases 9 & 10**
      American Medical Association
      http://www.ama-assn.org/

PC114

12. **National Drug Codes and Names**
U.S. Food and Drug Administration
http://www.fda.gov/drugs/informationondrugs/ucm142438.htm

PC026	PC027

16. **Claim Adjustment Reason Codes**
Washington Publishing Company
http://www.wpc-edi.com/reference/

PC117

The Commonwealth of Massachusetts
Center for Health Information and Analysis